2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2007 08:00 A Secretary of State

ANNUAL REPURI	Ca	anatam of C4
DOCUMENT # P03000041315 1. Entity Name SAM'S SEAFOOD MARKET & OYSTER BAR INC.	Se	cretary of St
Principal Place of Business Mailing Address 429 OHIO AVE LYNN HAVEN, FL 32444 Principal Place of Business Mailing Address 429 OHIO AVE LYNN HAVEN, FL 32444		
DO NOT WRITE IN THIS SPA		R2E034 (11/05) Applied For Not Applicable
6. Name and Address of Current Registered Agent REDMON, GERRALYNN 208 CAROLINA AVE LYNN HAVEN, FL 32444	DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating). DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fir Trust Fund Contribution	ncing \$5.00 May Be U00000000 Added to Fees 01/29/07-80	3687 023-015 150.00
10. OFFICERS AND DIRECTORS ITTLE DP NAME REDMON, GERRALYNN STREET ADDRESS 429 OHIO AVE LYNN HAVEN, FL 32444 ITEL ST NAME REDMON, SALVATORE STREET ADDRESS 429 OHIO AVE. CITY-ST-ZIP LYNN HAVEN, FL 32444		
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TIFLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS		
12. I hereby certify that the information supplied with this filling does not qualify for the eindicated on this report or supplemental report is true and accurate and that my sign of the corporation or the receiver or trustee empowered to execute this report as rechanged, or on an attachment with an address, with all other like empowered.	temptions contained in Chapter 119, Florida Statutes. I furthe sture shall have the same legal effect as if made under oath; the lired by Chapter 607, Florida Statutes; and that my name app	er certify that the information hat I am an officer or director ears in Block 10 or Block 11 if
SIGNATURE: Some Red Signing Officer on Director Date Ogytime Phone #		